In 2022, a total of 2,166 full-time faculty positions were vacant at 909 nursing schools with a baccalaureate and/or graduate program (vacancy rate of 8.8%).

Source: American Association of Colleges of Nursing

This series of briefs highlights the key issues that postsecondary institutions and states in the West are facing in developing a nursing workforce that meets current and future needs. One key strategy for addressing the nursing workforce shortages is to grow the pipeline of well-prepared graduates entering the field, yet a major constraint to growing nursing programs is the availability of qualified faculty. In 2023, WICHE held roundtable discussions with a range of stakeholders from across the region, including nursing school faculty and administrators, state nursing workforce center directors, hospital administrators, and directors of boards of nursing and nursing associations, to learn more about what states and institutions are doing to address this issue.

Visit wiche.edu/nursingworkforce for more information and resources on the nursing workforce in the West.

The Issue

Several underlying pressures are increasing the workload of nursing educators, making it difficult to recruit and retain faculty. First, the pressure from state legislators and employers to expand capacity at nursing schools has led to a need for clinical space, often on weekends and evenings. This has placed a burden on tenure-track faculty, clinical instructors, and preceptors. Another pressure is the need to train clinical instructors and preceptors. Clinical instructors are typically nurses from the field who may not have teaching experience or training, which means they must develop the necessary skills and tools for not only the clinical aspects of nursing education, but also the teaching of nursing students. Additionally, all faculty are expected to maintain their licensure, adding to the demand for partnerships that support both teaching and practice requirements.

Approaches in the West

States, institutions, and the federal government are seeking to address workloads of nursing educators and invest in scalable solutions.

Standardized Preceptor and New Clinical Faculty Training

In 2022, the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), awarded $8.4 million dollars to Nurse Education, Practice, Quality, and Retention-Clinical Faculty and Preceptor Academies (NEPQR-CFPA). This supports the creation of academies that develop and implement formal nurse education training curriculum to train clinical faculty and preceptors.

(continued)
Approaches in the West (continued)

The academies can help decrease the need to create individual programs or unintentionally duplicate trainings offered at other institutions and states.

- **Western University – Faculty Academy Region 9** is a partnership among Western University, the Benner Institute at HealthImpact, and San Antonio Regional Hospital to provide clinical faculty and clinical educators with the theory, tools, and skills to enhance their practice of teaching. This training is available to pre-licensure RN programs in HRSA Region 9 (Arizona, California, Hawai’i, Nevada and the Pacific Islands).

- The Montana Office of Rural Health and Area Health Education Center, Colorado Center for Nursing Excellence, Schools of Nursing at the University of Colorado, Montana State University, North Dakota State University, South Dakota State University, University of Utah, and University of Wyoming have partnered to develop the **clinical nursing faculty and preceptor academy for HRSA Region 8** to equip clinical faculty and preceptors working in rural areas.

- The Oregon Health & Science University is developing the **Oregon Nursing Education Academy (ONEA)** to increase the number of clinical nursing faculty and preceptors. The academy will support HRSA Region 10 (Oregon, Washington, Idaho, and Alaska).

**Shared Faculty and Curriculum**

Common curriculum across programs facilitates faculty collaboration and can potentially allow for shared faculty with specialty expertise across programs. This approach allows faculty to teach their area of expertise and lessens the times that faculty need to cover classes outside their specific expertise. A shared curriculum model also helps provide a common teaching and learning experience across institutions, as well as helping to facilitate transfer across institutions and supporting the progression of nursing students moving from RN to BSN coursework.

- The **Oregon Consortium for Nursing Education** and **New Mexico Nursing Education Consortium**, and **Wyoming ReNEW** are examples of common curriculum models in the region.

**Redesign Work to Support Nursing Educators**

Building on the American Nurses Foundation’s **Reimagining Nursing Initiative**, opportunities exist to redesign the work of nursing. Examples include:

- Offer six- to eight-hour clinical shifts, convene and collaborate with other parties to look at workplace design to increase satisfaction and retention, and utilize academic staff to perform duties that do not require an RN.

- Provide and support access to established trainings for clinical educators and preceptors that provide opportunities to enhance their teaching skills.

- Provide access to mentorship opportunities to support the exploration of a career in nursing education for nursing students, as well as mentorship for new instructors entering the field of teaching.

**Academic Practice Partnerships**

- **Partnerships** between faculty and practice staff lead to enhanced clinical placement and experience for students, staff coverage of teaching opportunities, and faculty maintaining their clinical expertise.

- Some examples of award-winning academic practice partnerships include **University of San Francisco**, **University of Utah**, **University of Hawai’i**, and **Arizona State University**.